

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765)

WELL I.D. # L 36345  
START CARD # 126649

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 2  
Name Bay Air Mobile Home Park  
Address 7600 Idaville Rd.  
City Tillamook State Oregon Zip 97141

(2) TYPE OF WORK  
 New Well  Deepening  Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other Mobile Home Park

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 86 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL					
Diameter	From To	Material	From To	Sacks or pounds			
10	0 41	Bentonite	0 41	45			
6	41 86						

How was seal placed: Method  A  B  C  D  E  
 Other Placed in dry + prodded  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From To	Gauge	Steel	Plastic	Welded	Threaded	Final location of shoe(s)	
							86	3/4
Casing: 6	0 2 1/2	83 3/4	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

(7) PERFORATIONS/SCREENS:

Method		Material		Casing		Liner	
From To	Slot size	Number	Diameter	Tele./pipe size			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
24	30	55	1 hr.

Temperature of water 55 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Tillamook Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 15 N or S Range 10W E or W. WM.  
Section 11 NE 1/4 NE 1/4  
Tax Lot 900 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:  
25 ft. below land surface. Date 6-21-00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 19

From	To	Estimated Flow Rate	SWL
19	20	7	20
44	83	2	20
83	86	24	25

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	1	
Brown Clay	1	21	
Brown Clay w/Sm. Gravel	21	35	
Gray Clay w/Sm. Gravel	35	37	
Brown Clay w/Med. Gravel	37	61	
Brown Clay w/Med. Gravel	61		
+ Fine Sand		79	
Brown Clay w/Med. Gravel	79	86	25

**RECEIVED**

JUL 03 2000

WATER RESOURCES DEPT  
SALEM, OREGON

Date started 6-20-00 Completed 6-21-00

(unbonded) Water Well Constructor Certification:  
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed \_\_\_\_\_ WWC Number \_\_\_\_\_ Date \_\_\_\_\_

(bonded) Water Well Constructor Certification:  
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Jerry C. Evers WWC Number 1232 Date 6-21-00